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Prevention in AADAC

a **vision** for
success

AADAC

Alberta Alcohol and Drug Abuse Commission
An Agency of the Government of Alberta

*Begin difficult things
while they are easy,
Do great things
when they are small.*

*The difficult things of the world
must once have been easy;*

*The great things
must once have been small...*

*- Lao Tzu
TAO TE CHING*

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Executive Summary

The intent of this paper is to present a vision and framework to guide future prevention programming within the Alberta Alcohol and Drug Abuse Commission. The next sections will outline key learning from AADAC's past experience, review the major influences for change, identify important concepts to maximize effectiveness and provide a focused review of the **who, what, where, why** and **when** of AADAC's new prevention framework.

AADAC sees its success in prevention as closely interwoven with the following key principles and directions:

- The long term goal continues to be to delay the age of onset and to decrease the extent and prevalence of alcohol/drug use/gambling behavior among youth. Specific objectives tied to individual programs will be developed as part of local prevention planning.
- Incorporating the concept of resiliency extends AADAC's understanding of healthy personal development. It is a process in which personality and the environment interact as one dynamic system.
- Addiction prevention will continue to be holistic, based upon a recognition that drug use is influenced by a mix and balance of individual and environmental factors.
- AADAC's strategic focus will remain on youth, but a new direction expands the concept by looking at developmental stages, such as pre-adolescence.
- A greater likelihood of successful prevention will be achieved by targeting key transition points of life, such as the move to junior high school.
- AADAC will continue to have a role to play on the continuum of prevention services from primary to tertiary prevention. Strategy selection will be based on an understanding of community needs, a review of AADAC's goals and appropriate role, and a clear program focus on an addictions mandate.
- AADAC will work towards a systems view of prevention with a focus on comprehensive, integrated strategies within the organization and within its respective communities.
- Ensuring client and community relevance and working together in partnerships to develop strategies for mutual action will be key guiding principles of AADAC's work.
- AADAC is moving toward greater integration of the concepts of prevention and treatment. The artificial separation of these two areas in the past has limited the view of opportunities and narrowed the scope of possibilities.
- AADAC will incorporate its past experience as valuable lessons.

1. Introduction

Prevention is at a crossroads within AADAC. The organization has many years of experience in effectively working with youth, community groups and strategic partners. AADAC has also demonstrated that positive, long term outcomes can be achieved with the goal of encouraging the development of healthy, capable people free from addictions.

Times change. Staying successful means continuing to question, examine and evolve as the world around changes. New directions have been emerging over the past years which are shaping the definition of the problems as well as the solutions. The landscape is evolving. Changing lifestyles, demographics, workworlds, social institutions, government, technology all have an impact on AADAC's programs and practices. Closer to home, resources for prevention have been greatly reduced. Health reform has placed an important new emphasis on organizations working in partnership to achieve common goals and on communities defining and resolving their own problems. Developments in research and the literature offer a new richness of ideas and opportunities for programming. The prevention focus outlined in this paper is based upon these new developments, staff consultations and community demands.

2. Responding to the Community

▲ A Sense of Urgency

AADAC is hearing more and more from it's communities about a perception of increasing problems among youth. The public (directly and through the media) relay a concern that youth are more troubled, more violent and more harmfully involved with alcohol, drugs and gambling than ever before. This perception has resulted in pressure to intervene in the lives of these children before problems are so ingrained that they are unchangeable. Helping agencies have organized themselves around providing better service faster and earlier to youth to divert them out of the system.

▲ A Direct Link to Addictions Prevention

Communities are insisting that prevention efforts be more directly linked to addiction issues and concerns. Broad self-development approaches, where the connection to preventing addictive behavior is not clear, have been criticized as a duplication of other services and a stretch of AADAC's mandate.

▲ Sometimes We Lead.....Sometimes We Support

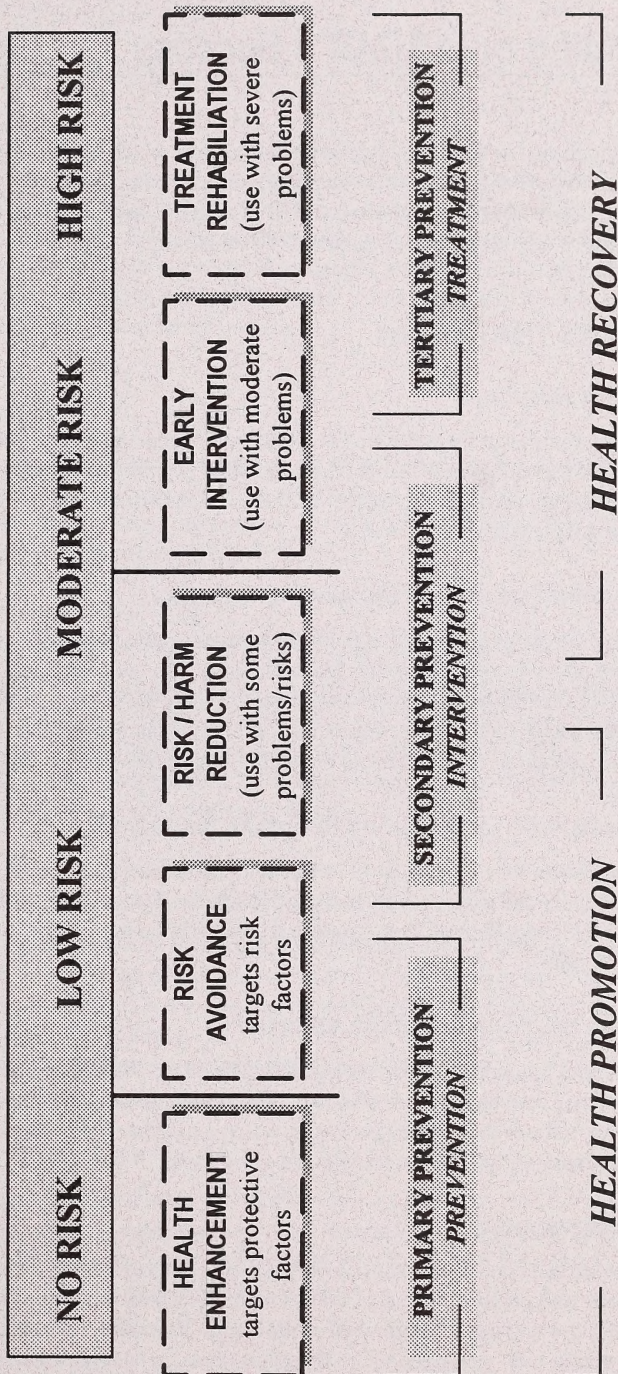
AADAC is continually faced with making strategic decisions about where to focus its energies and limited resources. When it comes to delivering community-based prevention, AADAC may be working at a variety of different places along the continuum of services – primary or secondary prevention or harm reduction depending on the needs of local communities. Sometimes AADAC will lead and sometimes it will support community prevention efforts. In the case of the planning and implementation of harm reduction strategies, for example, AADAC has consistently, and most appropriately, assumed a support role.

While AADAC believes that communities have a critical role in defining their own problems and solutions and taking ownership, it is also clear that the organization has a vital role to play as a leader in addressing addiction-related issues in the community. Using staff expertise to move communities forward and staying relevant to community needs and realities is the foundation upon which community-based prevention will be built.

Prevention & Treatment Services Continuum

Alcohol and other drug problems
have not developed

Alcohol and other drug problems
have developed



*A Framework For the Response to Alcohol and Drug Problems in Ontario, Ministry of Health, Ontario, 1988

3. Building on AADAC's Success

Over the past decade, AADAC has learned many lessons which have led to some fundamental beliefs about how to engage and motivate people and carry out successful prevention programming. These beliefs combine a blend of principles based upon the disciplines of Health Promotion, Social Marketing and Community Development.

PRINCIPLES THAT WORK

▲ A Positive Approach

AADAC was a pioneer in focusing on a positive, self-enhancing tone and approach. The theme line "Make the Most of a Good Thing, Make the Most of You" demonstrated this principle and relates to building on people's strengths. AADAC communicated with youth a respect for their aspirations and their views of the world.

▲ Recognition that Human Behavior is Complex

Understanding the complexity of human change encouraged AADAC to avoid simplistic slogans; or one-shot solutions to complex issues like addictions. An early and important learning was the need to consider the individual's commitment and capacity for change as well as their motivation, need, skills and experience. Just as critical was the understanding that an individual's environment, family, culture, community and lifestyle are equally important parts of the equation.

▲ Participation of Target Group to Ensure Relevance

AADAC has learned that it's critical to understand the target group thoroughly and to speak to their personal goals and aspirations. It's only through the meaningful participation of the target group that an understanding of their issues and ideals can be gained and approaches developed that are relevant to them.

▲ Focus on the People, Not the Addiction

Addictions cannot be understood or managed outside of the context of the individual and their family, school and community environments. The human dimension of addiction problems is where AADAC's focus lies. When the organization's mandate was expanded to include gambling, it was this approach that made the transition a smooth one.

▲ Early Intervention

Life experiences and conditions occurring early in life can greatly influence healthy outcomes later on. It has been well demonstrated that the potential to influence behavior is much greater before unhealthy attitudes and behavior are well established. Therefore, prevention efforts which focus on early interventions with youth and their key influencers can have a powerful impact on the development of capable and successful adults.

PROGRAMMING THAT WORKS

▲ Successful Prevention

It is clear that all prevention does not work. The literature has many examples of prevention programs that are ineffective, and which sometimes do more harm than good. There have been countless dollars invested over time with good intentions but poor planning. Programmers have learned that successful prevention must be preceded by careful planning, solid conceptual thinking, input from the target group, clear goals, strategic decisions about where and when to intervene, evaluation and a long term commitment to the process.

▲ Strategic Targeting

In order to be able to develop messages and strategies which are meaningful to intended audiences, it is important to focus the target group as precisely as possible. For example, "youth" is too broad a target to be helpful and must be further segmented. In the past, segmentation has occurred on the basis of demographics, lifestyle, risk factors, interests, etc.

▲ A Comprehensive, Integrated Strategy Means Greater Impact

Respecting the complexity of human behavior, means understanding that multiple channels are needed to reach and touch audiences. People respond on several levels, both emotionally and rationally to such strategies as information, persuasion, skill building opportunities, and the need for a combination of these to initiate and sustain behavior change. Also needed are interventions focused on individual, family, school and community levels.

▲ The Importance of a Community-Based Approach

The direct involvement of the community in meeting their own needs for protection and support is a critical cornerstone of success. Taking ownership, control and responsibility for reducing factors that lead to alcohol and drug problems and enhancing factors that protect against problems is a necessary and critical first step for communities. It is often the small, self sustaining actions and programs developed at the grassroots level that make the biggest difference.

▲ The Strength of Partnerships

AADAC's focus on collaborating with other community agencies, services, business and interested groups has strengthened the impact of its programs and expanded its sphere of influence in the community. The organization and the current government have reaffirmed the importance of strategic partnerships in the planning and delivery of services.

4. A New Conceptual Focus

RISK AND PROTECTIVE FACTORS

The most promising contemporary models in the area of prevention focus on understanding the concepts of **risk and protection** and how factors in each of these areas interact to enhance resilience. The assumptions are that each life is marked by factors which lead and repel individuals in certain directions. The balance between the risk factors people face and the protective factors which buffer them, results in certain adaptations. Prevention experts can focus on a combination of reducing risks and increasing protective factors in order to influence outcome. **The goal is to strengthen adaptability and reduce vulnerability.**

The resiliency concept fits well for AADAC because the comprehensive focus on both the individual and the environment is one with which the organization has been working for some time. The development of resiliency is the process of healthy personal development - a process in which personality and the environment interact as one dynamic system. The focus of this model is on the development of personal capacity and control and the availability of support at the family, school and community levels. For example, key protective factors for the individual relate to the degree of autonomy or control one feels over their life, their sense of purpose and future and the degree of social competence and problem solving skills one has at their disposal. For communities and families, important protective factors relate to levels of caring and support, expectations around the success of children and the extent to which participation and meaningful involvement among youth are valued.

Risk and protective factors exist across multiple contexts - the individual, family, school and community. A compelling feature of the resiliency model is the evidence that protective factors in one context can compensate for the lack of these factors in another. For example, a strong bond that is struck with a teacher, coach or grandparent can mitigate against the negative effect of having little or no bond or support from parents.

Resilience theory has application across the continuum of service and allows for a range of prevention strategies including primary and secondary approaches. A key opportunity with this concept is to focus on increasing protective factors specifically in groups or environments that are at higher levels of risk and vulnerability. In targeting prevention efforts, it's important to ensure practitioners are not labeling or stigmatizing in such a manner as to create self fulfilling prophecies. Targetting programming at high risk "populations" is one method of ensuring that individuals do not feel singled out.

TRANSITIONAL PERIODS - A LIFELONG CONCEPT

Human development occurs in phases. These developmental phases are marked by periods of transition. There are a number of life transitions from birth to old age including the transition to school, adolescence, work, parenthood, middle age, etc.

Transitions affect everyone and are highly significant as points of intervention for prevention. They represent crucial times in a person's development when there is tremendous potential to make gains in healthy development and learn to thrive. Because they are often periods of uncertainty and stress, transitions can bring both increased risk of problems, (as when intoxicants are used to help cope with the additional stress), as well as the opportunity for fostering strength and resiliency, (as when people learn new ways of responding to these situations).

The prevention literature indicates that protective factors exert a positive influence at the key junctures or transitions in a child's life, birth, the start of kindergarten, junior high and senior high school, or graduation, etc. It is also evident that the transition to junior high school is especially important in alcohol and drug abuse prevention, as it is an age and time associated with the onset of drinking and drug use. (Transitions, as they apply specifically to youth, will be discussed in more detail in the *Moving to Action* section.)

5. Moving to Action - the 5 Ws

INTRODUCTION

Prevention has been defined as planned action taken to stop the development of addictive behaviors, and promote health enhancing behaviors.

Planned, purposeful action in prevention is critical. It requires that practioners know what they want as an end result and that they choose carefully from the array of potential actions, those that have the best chance of taking them to that end. What have they learned from an assessment of community needs and an understanding of the issues and priorities? What are the goals they strive for and how are they going to get there? Whose behavior are they attempting to influence and what is that group's point of view? What program strategies will have the most impact with the group they have decided to target? It is this kind of clarity of purpose that will lead to successful results.

① *WHY take action?*

SETTING PREVENTION GOALS

AADAC's primary prevention goals are to **delay the onset** and **decrease the extent and prevalence** of alcohol and drug use/gambling behavior among youth.

As a means to achieve these goals, AADAC is strongly committed to encouraging the development of healthy, capable youth. By **enhancing protective factors** and **reducing risk factors**, the determinants of healthy development can be positively influenced.

These goals are by necessity broad and need to be further customized to local programs with measurable objectives. *For example*, protective factors that may be targeted at the **community** level might be the availability of meaningful ways for youth to participate, the sense of belonging and importance youth feel in their community and the access to affordable, relevant resources and social networks for youth. Similarly, risk factors might include negative community norms around alcohol/drug/gambling-related social activities, the availability and acceptability of alcohol/drugs/gambling in the community and the support available in the community for those members who face increased levels of stress and adversity.

② WHO is the target?

A FOCUS ON YOUTH: Pre-adolescence to young adult and their key influencers

A focus on this broad age range provides AADAC with the opportunity to influence youth at all levels of use - from those who are nonusers and precontemplators to the experimenters, early users and those at risk of serious problems, depending on community defined need.

③ WHEN to intervene?

KEY TRANSITION POINTS

Obviously, the target group defined above is too broad to be useful in a programming sense. As already discussed, a useful way to narrow this target is to consider critical transition points and developmental stages as an opportunity for effective intervention. Focusing efforts on youth and their key influencers at key phases of development in their young lives will maximize the impact of prevention interventions.

In general, significant transitions for youth in the target range are:

- Preparation and transition to junior high school (moving from **pre to early adolescence - approximately 9-13 years of age**).

During this developmental period youth are physically maturing, becoming more influenced by friends and beginning to think abstractly, to some extent. Many are receiving mixed messages about alcohol, drugs and gambling and some are beginning to experiment with these behaviours.

- Preparation and transition to senior high school (**middle adolescence- approximately 14-17 years of age**)

During this time youth have a strong desire to be independent and to belong to a peer group. Challenging adult authority on many issues is common and opportunities to drink, smoke and gamble are becoming more frequent.

- Preparation and transition to postsecondary education and/or to first job (moving from late adolescence into **young adulthood- approximately 18-24 years of age**)

Key issues in young adulthood have to do with achieving personal autonomy, and separating from family, while pursuing interests in the future - career and relationships. High risk taking behavior is common during this age and stage of life which is also the highest in terms of alcohol and drug consumption.

Transition also involves the situational stress of coping with geographical moves, divorce of parents, death of significant others, etc. These are also key times to enhance protective factors. From a secondary prevention point of view, targetting groups already at increased levels of risk during stressful times is doubly as important.

④ WHAT to do and ⑤ WHERE?

THE RANGE OF STRATEGIES

Effective prevention will consist of strategies that target both the individual and their environment. The goal is to increase protective factors and reduce risk among individuals, families, schools and communities. Although there are a countless number and range of specific strategies that fall under the broad umbrella of prevention, there are four major ones that are central to AADAC's purpose:

Program Strategies:

Individual

1. Provide **information and education** relating to the prevention of addictive behavior and how individuals, families, schools and communities can play a vital role.
2. Support the development of personal **skills and competencies** in youth.

Environment

1. Create **supportive environments** and opportunities for youth to participate in meaningful ways in their families, schools and communities.
2. Strengthen **community action and self help**.

A mix of these four strategies delivered through key influence groups (peers, the family, the school, the community, etc.) are critical for a successful, comprehensive, prevention program. The next page illustrates the link between goals (as defined by risk and protection) and potential strategies.

Strategic Prevention

	Protective Factors*	Risk Factors**	Some Prevention Strategies
Individual	▲ Social Competence	▼ Alienation, rebelliousness and lack of bonding to society	– Increase skills, competencies in the population of youth as a whole, with particular emphasis on periods prior to key developmental transitions. <i>i.e. Health, CALM curriculums.</i>
	▲ Problem Solving Skills	▼ Association with friends who drink, use drugs, gamble	
	▲ Autonomy	▼ Favourable attitudes toward alcohol/drugs/gambling	– Target those individuals at high risk to increase their sense of control and involve them in projects with meaningful roles and opportunity for decision making.
	▲ Sense of Purpose and Future	▼ Early initiation of behaviour	
Environment	Family	▼ Family history of addiction	– Provide information to encourage parental modelling of responsible or non-drug use behavior. <i>i.e. Parent Information campaign.</i>
		▼ Family management problems	
	Family	▼ Family conflict	– Support the development of family management skills for parents of youth in treatment.
		▼ Favourable parental attitudes and involvement in behaviour	
	School	▼ Early and persistent antisocial behaviour	– Provide youth with opportunity to participate in meaningful ways in the school. <i>i.e. Peer Support</i>
		▼ Academic failure in elementary school	– Work with schools to develop compassionate and effective responses to kids in trouble. and those returning from treatment. <i>i.e. Student Assistance models.</i>
	Community	▼ Lack of commitment to school	
		▼ Healthy Beliefs and Clear Standards	
	Community	▲ Bonding	– Partner with the community to develop healthy alcohol/drug use policy .
		▼ Availability of drugs	– Provide support to community action groups concerned about reducing harm associated with alcohol/drug/gambling. <i>i.e. Safe Grad</i>
	Community	▼ Community laws and norms favorable toward drug use	
		▼ Transitions and mobility	
	Community	▼ Low neighbourhood attachment	
		▼ Community disorganization	
	Community	▼ Severe economic deprivation.	

*Adapted from: Benard, 1991.

**Adapted from: Hawkins, 1992.

6. Into the Future - Maintaining the Momentum

It has become increasingly apparent that there is no single, magic bullet - no one program or strategy that is the ultimate answer to the prevention of alcohol and drug or gambling-related problems. In this elusive area of prevention, where many bemoan the absence of a clear trail through the forest, there are some visible guideposts. Much wisdom has emerged from the experience of a multitude of practitioners, researchers and community partners in diverse areas. As the field of prevention moves forward, this learning will be a critical factor in determining its success.

A new spirit of cooperation and collective action in the community provides the opportunity to build needed prevention programs that will gain in strength and sustainability because of the combined wisdom, determination and goodwill of a collectivity of people, who have a strong interest in finding solutions to addictions issues. While the impending challenges of responding to more problems with fewer resources at times seem great, the opportunities to work together and make a meaningful difference are even greater.

7. Suggested Reading

1. Benard, B. Fostering Resiliency in Kids: Protective Factors in the Family, School, and Community. Portland, OR: Northwest Regional Educational Laboratory, 1991.

To be successful, prevention interventions must focus on creating positive environments in families, schools, and communities, which will reinforce positive behaviours. In this article, the resilient child is profiled as having social competence, problem solving skills, autonomy and a sense of purpose and future. Protective factors in the environment such as caring and support, high expectations and active participation are discussed respectively in the contexts of family, school and community. The paper suggests strategies which will help to strengthen both the individual and the environment in order to support the development of resiliency.

2. Berliner, BethAnn. Adolescence, School Transitions and Prevention: A Research Based Primer. San Francisco, CA: Western Regional Center for Drug-Free Schools and Communities, 1993.

Understanding the theories and best practices related to early adolescence and school change are key to developing effective prevention programming. This paper offers a research-based primer for teachers and other prevention specialists. It builds upon the prevention literature that focuses on protective factors as well as the current notion that life transitions may be overlooked as opportunities to help adolescents thrive. It is a call to recognize school transitions as important life events and to promote the development of preventive interventions during these periods. It concludes with a concrete example of a school transition program.

3. Champion-Smith, Diane. Step by Step: A Prevention Handbook on Alcohol and Other Drug Use. Vancouver, BC: Kaiser Youth Foundation, 1992.

This practical, step-by-step guide to prevention has been written for a wide range of groups including, youth, parents, schools and government agencies. Like many similar kits, it provides a range of tools, tips, resources and references for the field practitioner developing a prevention strategy. A particularly helpful section highlights some of the key developmental tasks and prevention specific issues that need to be considered at each age and stage of youth development (from birth to age 19).

4. Hawkins, J. David. Communities That Care: Action for Drug Abuse Prevention. San Francisco, CA: Jossey-Bass, 1992.

In this book Hawkins and associates describe the protective and risk factors at the individual, family and community level that play a critical role in determining vulnerability for the development of addiction problems. They then define in very practical terms the steps that can be taken with individuals, parents, families and communities to insulate them against substance abuse. Strategic interventions outlined include those most appropriately taken in schools, with parents, with community leaders, the media and potential funders. The authors provide a comprehensive picture of the broad based prevention strategies that constitute the best recipe for success in the prevention of substance abuse problems.

5. Mangham, C., McGrath, P., Reid G., and Stewart, M. Resiliency, Relevance to Health Promotion. Atlantic Health Promotion Research Centre, Dalhousie University, 1995.

This paper reviews the literature on resiliency and demonstrates that there is significant relevance of resiliency to Health Promotion. This is particularly true when an expanded definition of resiliency is adopted which applies it's concepts to families and communities as well as individuals. The paper uses hypothetical case studies to illustrate concepts and applications of resiliency to health promotion and identifies some key challenges for health promotion research and practice based on a resiliency model.

6. Thomas, Carol F. Moving Toward Integrated Services: A Literature Review for Prevention Specialists. Los Alamitos, CA: Western Regional Center for Drug-Free Schools and Communities, 1993.

School-linked services are part of a larger movement toward the integration of education, health, and social services to solve problems of service fragmentation, overlap, and lack of access and availability. The vision of this integration is for all agencies in the community to be child-centered and to increase the likelihood that all children will be healthy during their important developmental years. This can be accomplished through increased collaboration and partnerships among service agencies to develop and work toward this common goal.

This document was written for prevention specialists who plan or implement integrated services in their communities or school districts. It has three purposes: (a) to review the literature on integrated services; (b) to provide a rationale for integrated services; and (c) to identify additional resources for prevention specialists involved in integrating social services. It will be of particular interest to people who are working with SAFE or other student assistance programs driven by multi-disciplinary core teams.